School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.
SCHOOL Colletin book Middle School FACULTY MEMBER(S) SPONSORING TRIP Dillo Conig
□ Classroom Field Trip □ Class Trip, specify □ Class Trip, specify □ Other (athletic, band, if applicable)
Destination Working for DC Address TBD Phone 502-525-75
Out of State Out of County Within County Overnight; give name, address, phone of lodging 7BD World Strikes will provide This infanction of a later that e Date of Request 62/64/2022 Date of Tripoy/14-22/22 Person Requesting Oillon Conin
Departure Time 5:30 Num Return Time 11:30 Pm Number of Riders 46 + Number of Chaperones 6+
Faculty Sponsor Certified Person Responsible for Student) Principal Make Levell Charged to/Source of Funding For Student Have all chaperones been approved? Yes No
Moole Required: Dealt Lynch Description Manual Property Manual
Meals Required: Sack Lunch Fast Food Other Meal Field In Lap. List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap. Number Of Buses Requested Regular Bus Special Needs Bus Van
Ratio of Students to Adults
High School 20 to 1 Middle School 10 to 1 Elementary 5 to 1 *For daily trips, a simple way to estimate cost is \$1/mile and \$20/hour, per bus.
This section to be completed by Transportation/Central Office.
Trip Calculation Bus
Avg. OT Rate = \$ Driver Rate Total
of Buses Approved: Approval of Transportation Director: Date
Acceptance by Driver: Date
For overnight and/or out-of-state trips, approval of the Superintendent and Board is required.
Superintendent Date Board Chairperson Date

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09